10/01/02

CHAPTER 7: ATTACHMENT 2 - VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

This form is to record income and expenses for self-employment income and must be supported with receipts. It is to be used only when other business or tax records are unavailable. This information is confidential and will be used only to determine your eligibility for child care assistance. It cannot be released without your written consent. However, the local purchasing agency may contact sources listed on this form to verify the information.

I,		, am providing this written statement of my income and
expenses from my		business for the period beginning
	a	nd ending
	**************************************	*****************
<u>Date</u>	Amount	Source (Include name and address of customer)

Attachment 2

FAMILY DEFINITION AND DETERMINING INCOME ELIGIBILITY

10/01/02

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

CONTINUATION SHEET PART I – INCOME

Date	Amount	Source (Include name and address of customer)
	(Applican	t/Recipient's Initials)
	(Date)	

Attachment 2

FAMILY DEFINITION AND DETERMINING INCOME ELIGIBILITY

10/01/02

VERIFICATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES

CONTINUATION SHEET PART II – EXPENSES (Receipts should be attached)

Date	Amount	Type of Expense/Source
	(Applican	t/Recipient's Initials)
	(Date)	

Attachment 2

FAMILY	DEFINITION A	AND DETERMINING INCOME ELIGIBILITY 10/01/0	<u>Z</u>
	VERIFICA	ATION FORM FOR SELF-EMPLOYMENT INCOME AND EXPENSES	
*****	******	****************	**
Date	Amount	PART II – EXPENSES Type of Expense/Source	
Date	Amount	Type of Expense/Source	
		above information on my business income and expenses to curate for the period shown.	0
		Signature of Recipient/Applicant	
		Date Signed	